

## Response to Health and Care Professions Council consultation on Draft Corporate Strategy 2021-2026

November 2020

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- 1.2 As part of our work we:
- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
  - Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.

### 2. General comments

- 2.1 We welcome the opportunity to comment on the Health and Care Professions Council (HCPC) Draft Corporate Strategy 2021-2026.
- 2.2 We support and welcome the commitment to equality and diversity in the strategy as well as the boldness of the ambition outlined: 'to uphold the highest standards in the professions we regulate so that we protect the public and inspire their confidence'. It is helpful to see the HCPC values outlined clearly in the document. We also support the HCPC's commitment to take on board learnings from recent months of the Covid-19 pandemic and to engage actively with stakeholders on regulatory approach.
- 2.3 However, we are concerned that as it stands, there appears to be a disconnection between the laudable ambition and strategies outlined in the document and the HCPC's current position as a regulator. The draft corporate strategy does not appear to adequately reflect the current position that the HCPC is in, both in terms of its current performance in fitness to practise (FtP) and the significant challenges it faces as an organisation and in our view, does not make sufficiently clear how the HCPC intend to move from this position.

- 2.4 We are also of the view that the focus on public protection in the strategy is insufficient given that this is the HCPC's overarching objective and underpins delivery of all of its regulatory functions.
- 2.5 We did not understand the choice of some of the language used in the strategy, in particular the intention to make the HCPC the 'regulator of choice'. There is no choice for registrants in deciding who to be regulated by and we are unclear how this connects to the HCPC's primary role and remit to regulate the 15 professions that it is responsible for. A more appropriate aim may be for the organisation to be a high performing or efficient and effective regulator which would consequently improve both public and registrant confidence in the HCPC.
- 2.6 We have outlined below some detailed comments on a number of areas where we suggest further clarification or detail may be necessary.

### **3. Detailed comments**

#### **Aims for the HCPC**

- 3.1 We found the language used to describe the aim outlined in the strategy unclear (p.2): to build a regulator that '[the 15 professions] and other professions would want to be regulated by; a regulator of choice'. As drafted, we do not understand how this relates to the HCPC's purpose which is to protect the public by regulating health and care professionals. There is no 'choice' in health professional regulation, regulators have statutory responsibilities to regulate specific professions and to suggest otherwise is misleading. It is unclear why the HCPC's stated ambition is partially focused on those it does not regulate and the strategy does not set out the reasons for this.
- 3.2 The alternative implication of this language, that HCPC should in some way seek to make itself attractive to registrants, also appears to be misplaced. We have concerns arising from this that the HCPC may not be focussing sufficiently on its core functions.
- 3.3 We acknowledge that an aim to be highly effective and efficient as a regulator may by default give registrants and the public greater confidence in the HCPC as a regulator but if this is the intention, the current language used is confusing. We would suggest instead that 'high performing regulator' or similar may be a more appropriate choice of wording.
- 3.4 There also appears to be a disconnection with the HCPC's current circumstances where it has failed to deliver an effective fitness to practise function for several years now and the challenges it faces as an organisation. Consequently, the aspiration outlined does not appear to be rooted in and/or build from the HCPC's current level of performance which is also not likely to engender the confidence of existing registrants and service users.

#### **Vision for the organisation**

- 3.5 The strategy outlines the HCPC's vision 'to be the UK's foremost healthcare multi-profession regulator'. We did not understand this as the HCPC is

effectively the only multi-profession statutory regulator in the UK.<sup>1</sup> We suggest that the HCPC clarifies this point.

### Focus of the strategy

- 3.6 In our view the strategy does not give sufficient detail on what the HCPC intends to do to improve performance across its core regulatory functions or link clearly enough to their overarching objective of public protection.
- 3.7 In terms of the core activities outlined in the document (p.5), learning and prevention appear to be weighted equally with regulation suggesting that there will be the same allocation of resource to these areas. Whilst we welcome the HCPC's intention to use learning to support improvements in regulatory approach and to inform preventative action we query whether the focus as outlined in this section is appropriate.
- 3.8 We were also unclear about the meaning of the wording under the prevention heading: 'we use our knowledge to support quality in professional practice by articulating our standards and helping registrants overcome barriers.' This descriptor appeared somewhat limited and the sentence appears to be incomplete.
- 3.9 In the section outlining the HCPC's strategies for the five-year period covered by the corporate strategy (p.8-10) we would have welcomed further detail on how the issues identified with the HCPC's regulatory performance will be addressed. This would appear to fit under 'Continuously improve and innovate'. However, the text under this heading: 'To improve our performance against benchmarks of good regulation and to innovate across all our regulatory functions to provide an enhanced user experience', and the objectives to be achieved by 2026 do not appear to fully explain how the HCPC intend to address the issues identified with their current performance. In particular, there is little to explain how it will improve delivery of the FtP function, ensure the public are protected and maintain the confidence of registrants, service users and wider stakeholders.
- 3.10 Under other strategies in this section some of the aspirations for 2026 appear somewhat limited and appear to outline things that we would expect all regulators to be doing well. Examples include: 'we will be an active contributor to local/regional/national healthcare policy and practice development', 'the value of our register to the public, registrants and employers will be enhanced, with more accessible and useful information' and 'our regulatory standards, policies and guidance [will] help our registrants adapt to the changing needs of people using health and care services'.
- 3.11 Further detail on practical actions to be undertaken may help to clarify the HCPC's intentions in this section.

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<sup>1</sup> We note that other regulators including the Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council and General Optical Council regulate more than one profession but as this is regulation of different members of professional teams (e.g. the dental team, the pharmacy team) we do not consider this to be multi-profession regulation.

## Covid-19

- 3.12 We welcome the HCPC's aim as outlined in the strategy to learn lessons from the experience during the Covid-19 pandemic and ensure that regulatory processes are sufficiently agile in the future. The draft strategy states: 'We must ensure that we learn the lessons of the COVID-19 crisis, that our regulatory processes support the development of services, enable high quality practise and do not put in place unnecessary burdens or hurdles.'
- 3.13 We acknowledge that there was significant regulatory innovation undertaken during this period and that there is a desire to retain the best of the changes made. However, we suggest that the HCPC may wish to expand on how it intends to assess actions undertaken during Covid-19 to consider both the positive and negative effects.
- 3.14 The Authority is in the process of carrying out a learning review of actions taken by the regulators in response to Covid-19, however anecdotally we understand that the pandemic may have had a had an impact on meaningful engagement with patients and service users for example. It may therefore be helpful for the HCPC to nuance its statements about the changes it intends to embed following the pandemic. It will be important to balance potential workforce and registrant benefits with the potential impact on effective involvement of and protection of the public.

## Equality, diversity and inclusion

- 3.15 We welcome the focus of the strategy on equality, diversity and inclusion. Whilst the strategy focuses primarily on the impact on diverse registrant groups, we suggest that the HCPC may wish to review and provide more detail on how it will consider the impact of its processes and approach on different groups of service users.

## 4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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